

Mr. Speaker, I yield back the balance of my time.

HEALTH CARE AND THE BALANCED BUDGET AMENDMENT

The SPEAKER pro tempore (Mr. HULTGREN). Under the Speaker's announced policy of January 5, 2011, the gentleman from Texas (Mr. GOHMERT) is recognized for 30 minutes.

Mr. GOHMERT. Thank you, Mr. Speaker.

One thing we've got plenty of around here is paper, unfortunately. We've got bills, we've got laws that we should have taken up that we haven't.

And when we talk about the health care bill, people know we talk about ObamaCare, whatever the formal name is. Cutting \$500 billion out of Medicare already. That's a done deal. That was rammed through by the majority when Speaker PELOSI was in charge at the behest of our President Obama—\$500 billion in cuts. Our seniors deserve better than that kind of treatment.

Republicans, I don't think we had any Republicans vote for that. But it was driven through against the will of the American people, and against the will of the Republicans. But Democrats had the votes, so they did it—\$500 billion in cuts to Medicare.

So when AARP has all these seniors send in petitions saying, I'm a member of AARP, don't you dare cut anything from Medicare, we try to make sure our seniors know that it was AARP that stood by the President as he cut \$500 billion, and we're glad that they're finally waking up to just what the President and AARP, with AARP's assistance, what they did to seniors.

But if you look at how much money we are spending on Medicare, not to even mention right now Medicaid, just look at how much we're spending on Medicare, and you look at the number of households we have, around 17.5 million Medicare households—this was from 2009. You divide that into the amount of money that we're spending, the Federal Government's spending on Medicare—not even Medicaid, just Medicare: We're spending right at \$30,000 for every household with somebody on Medicare. \$30,000?

Now, for someone who's got bad heart problems or some kind of chronic disease, well, that's not so bad when you consider what all kinds of treatments and medicines they're getting. That's if you look at the bills that are sent out.

If you look at the amount of actual money that are paid for those procedures, or actually paid or reimbursed by insurance companies or the government for that money, it's not near that much for most households, even most households on Medicare.

That's why I was shocked in the not too distant past to find out that in one situation that I'm aware of personally, when there were \$10,000 in bills between the hospital, the physicians, the ambulance, the testing, the people reading

the tests, and all that stuff, 2 days of hospitalization, \$10,000. It turns out that the insurance company, the health insurance company resolved all \$10,000 in bills for about \$800.

Well, if we knew exactly how much was being paid to pay for those exorbitant health care bills, we could then finally reintroduce something known as free market principles.

Now, the doctors I talk to, the health care providers I talk to, they wouldn't mind that. Their hands get tired. There are some insurance policies or contracts that health care providers have with some of the health insurance companies that said they cannot charge—that's what I'm told—they can't charge somebody paying cash as little as a health insurance company providing the contract gets out by paying.

You can't have competition in health care until people know how much they're paying for their medicine, for their hospital stay. You've got to know what they're paying.

It was a great thing growing up in a small town in East Texas. I loved the town, Mount Pleasant, Texas.

□ 2120

After I finished 4 years out of the Army from a scholarship at Texas A&M, my wife and I settled in Tyler. We've loved it. It's the only home my kids knew growing up. Been so good to me. But my wife and family, we've all been blessed there.

But in the smaller town I grew up in, everybody knew the doctors. And from time to time we would go to a different doctor. And a lot of the times it was because we found out one upped their price so we would go to another doctor who didn't charge quite as much because they were good. That's called free market competition. We don't have that any more in health care. We've got to get back to it. If we're going to bring the costs down, we've got to get back to it.

People have to know what it costs to go to the doctor. People need to know that their medicine that they see a cost of \$900, that the insurance companies, when they reimburse for that \$900 prescription, don't pay but a fraction of that. So if somebody can't afford insurance, why should they have to pay \$900 for a prescription drug that a health insurance company wouldn't pay a fraction of that much? We have to get back to having some competition in the cost of things.

So there's one way, really the only way I see we get off this track to total socialized health care that ObamaCare puts us well on down the road toward arriving on, and that would be through greater use of health savings accounts. We're told by some actuarials that if kids in their twenties and thirties start putting money in a health savings account and it grows and it grows because they don't use much at that young age, by the time they're eligible for Medicare, not only would they not want to use Medicare, they wouldn't

need it. They'd have so much money built up in their health savings accounts that they didn't get through every year.

I agree with some of the people that I've consulted over the last 4 years on what would be a better plan that if you could have people putting money every month in a health savings account, building that account, then not allow it to be drawn out for something like buying a boat or anything like that, but it has to be for health care, can't be for anything else. Once its dedicated in a health savings account, and it should be allowed to be put in there pre-tax, then it has to be for health care.

Oh, sure, we ought to be able to allow people to donate that to some charity that keeps health savings accounts for the less fortunate, ought to be allowed to gift it or bequeath it to children, to family and help them grow that big nest egg of a health savings account, and then you have a debit card coded to cover nothing but health care costs. And you use that health savings account until you reach the amount of the high deductible that the health insurance policy has, and then the health insurance kicks in. That would help make health insurance so much cheaper for most folks. That's what a lot of us have gone to, and I have myself. It is a lot better deal. It is a lot cheaper.

But to think about, as these numbers indicate from 2009, that every household with someone on Medicare is costing nearly \$30,000, it is just staggering. And that's why instead of continuing to move toward rationed care putting our seniors on lists where they can't get treated very quickly, they have to wait, because let's face it, the way of socialized medicine is rationed care.

And President Obama not only must have known that that was the truth, but he put a man in the position to oversee ObamaCare who had made clear in prior statements that it's not a matter of if we go to rationed care, it is a matter of when. And then he's the guy that ends up in charge of ObamaCare because obviously this President and the Democratic majority in the last Congress intended—expected—that seniors would be getting rationed care.

How much better to say, you know what seniors, you've got a choice. How about that? We've had so many people on the Democratic side of the aisle talk about it should be people's right to choose. They should have choice. How about in health care? How about giving seniors a chance to choose? You want Medicare? You want to be denied some medicines? You want to have to keep buying that supplemental coverage from AARP? Your choice.

On the other hand, if you want to do something different, we'll put—and I'm flexible on the amount, but it appeared \$3,500 was a good, effective amount for achieving that kind of high deductible and lower cost for the insurance policy. Then we, the Federal Government, will

buy you a private health insurance policy that covers everything over \$3,500, and then we will give you cash money in a health savings account, the debit card to go with it that you hold, you use as you see fit, you choose what medicine, you choose what doctor. And if you exhaust the \$3,500, then the insurance kicks in and you've got that coverage.

You don't have to buy supplemental coverage, and I know that would cost AARP hundreds of millions. I get that. And I know they care deeply about retired folks. I get that. But, boy, if retired folks wouldn't have to pay anything for supplemental insurance, seems like that would be a good thing.

We would give them the choice. Let seniors choose what you want. You want control of your own health care and the money to pay the deductible if you get that high and an insurance policy to cover everything beyond that if you go beyond that? You control things? Or do you want to let the government keep telling you what you can and can't get in the way of treatment?

The country is better off when the Federal Government is the referee, not the player, because government's always going to be the referee; but when it's the player and the referee, that's when it's so grossly unfair. Anybody should be able to figure that. That would be so much better for seniors. Give them the choice.

But you know what? This President, Speaker PELOSI, Leader REID, they felt like they knew better for seniors. They felt like it would be better if they did not allow seniors to have a choice. Too bad, seniors. We're going to cut \$500 billion from the amount of money that we're spending on Medicare, and you're about to find out what real rationed care is about once ObamaCare kicks in to the full.

Why not give them a choice? Why not force doctors and health care providers for the first time in decades to start posting what the cost of health care is? How much at your hospital is a hospital bed in a single room or in a double room with two patients in there? How about showing people that, letting them decide which is cheaper? Because as long as an insurance company or the government is paying all of those costs, people really don't care. That's the way of the world.

That's why in the Soviet Union in 1973 when I asked some farmers in the middle of the morning who were sitting in the shade visiting instead of being out in the field working, and I tried to do it as nicely as possible, spoke a little Russian back then, When is it you work out in the field?

□ 2130

The loudest one said, I make the same number of rubles when I'm in the shade here or if I'm out there, so I'm here.

That's socialism.

When the Federal Government socializes medicine, as ObamaCare is driving

us toward—it's just one giant step; we're virtually there—well, then, it changes everything.

People don't really care how much things cost because they're not paying for them. People don't try to go to a less expensive doctor or hospital because they don't care. Somebody else is paying it. Then when they see the bill that says this stay cost \$10,000, they say, Well, gee, I'm glad I'm not paying that. They don't care because they're not paying it. They don't know that there may have been \$200 paid for that hospital bed rather than \$10,000.

People deserve to know what health care costs. As I say, the health care providers—the doctors I talk to—wouldn't mind being able to do that. They would love it if patients could come in and give them a health savings account debit card. Then they don't have to have extra people who are chasing down the new codes and all this information about what the government pays and what the insurance company will or won't pay. We'd get back to a doctor-patient relationship. Wouldn't that be wonderful?

As I've told health insurance companies before at a convention here in Washington, D.C., we need to get the health insurance companies back in the health insurance business and out of the health management business, because if health insurance companies are determined to stay in the health management business where they manage our health care, they're eventually going to have everybody mad at them, and they're going to be run out of business, and there won't be any health insurance companies anymore.

Other than the socialist Federal Government of the United States. I don't want to get there.

We're almost there with ObamaCare.

That's why this body, with the majority of Republicans having taken over this year, voted to repeal ObamaCare.

When it's real health insurance, people pay a small monthly, quarterly, semiannual, annual fee in order to insure against some unforeseen disease or accident down the road—unforeseen because, if they could foresee it, they'd know how much they'd need to save in order to take care of that event that's coming or the disease. You pay an insurance company for something you don't know might happen—maybe it will, maybe it won't.

The thing is, if we went to the place where we allowed those on Medicare to choose—to stay with Medicare if that's what you want, and keep buying that supplemental insurance—or we'll give you the cash in a health savings account and a debit card, then we'll buy the insurance to cover everything over the cash we put in your account for the year, and we'll do that every year.

When I was drafting the bill in the prior Congress, Newt Gingrich was very helpful. He sent a couple of experts to come visit about ideas.

They said, You know, we ought to have an incentive in the bill so that

seniors would have an incentive not to spend all the money, all the \$3,500 that's put in their HSAs every year.

So we put in a provision that if someone on Medicare didn't use up all of the \$3,500 in their health savings account, then they got a percentage of that cash money that they could take. No income tax would have to be paid on it. It was just cash money in their pocket at the end of the year in order to encourage them not to waste money from the health savings account by buying stuff they didn't need, because they were going to get a percentage of that if they didn't spend it within the year. Give them incentives. That's what market forces are about: incentives.

Now, if we were to do something like that, then certainly there will be people who are chronically ill. We will always have people who are chronically ill, and those are the people we should help. They can't help themselves. That's what a caring society does.

But when there are people who are able to help themselves, then those are the folks who ought to be able to grow a health savings account over the years so that they don't need any government help by the time they get to the point where they're eligible for Medicare. If they need it, they'll get it. That would finally get us on track to get out of this massive amount of debt that we're in. That's the way to go.

In the meantime, not only is that not something that's occurring, but we're not able to innovate new things that will become law. We're innovating new things, like the alternative to Medicare—the choice we could give seniors—but we know, as the President has called us—and it really only applies to the other end of the Hall—we've got a do-nothing Senate. It's not the Republicans. They keep clamoring—trying to push, trying to get the Democratic leadership in the Senate to do something to help the economy, to truly do something to help health care, but they're not interested in doing that.

We've got a supercommittee, as it has been dubbed, that we really shouldn't have set up. I have nothing but sympathy for my Republican friends who have been put on that committee because they were put into a position where, unbeknownst to our Republican leadership that negotiated the deal that brought this committee about, the Democrats really don't have anything to push them to reach an agreement.

That appears to be why the Democrats seem to be interested in what PAT TOOMEY had floated out as a framework with the support of his colleagues. They seemed to be interested in it; but, apparently, after consulting with Democratic leadership, they realized, uh-oh, we're told not to work a deal because if we don't work a deal, there will be draconian cuts to our national security, which we don't mind—we've been wanting to do that for years—and then the other cuts will be to Medicare.

Apparently, because of the lack of interest by the Democrats in seeing that there is a deal done, it would appear they don't mind having the cuts to Medicare.

And that's what was puzzling me last week.

After they hear how far backwards Republicans are willing to go on the supercommittee, how is it that the Democrats end up walking away, basically, from what they wanted? So I struggled to try to figure out what it was that would keep them from being desperate to cut a deal with the Republicans because surely they don't want those cuts to Medicare.

Then I realized, well, Democrats are 100 percent totally responsible for the \$500 billion in cuts to Medicare that are contained within ObamaCare. They also know that millions of dollars of Republican campaign money will be spent next year in probably talking about the \$500 billion in cuts that the Democrats solely, on their own, pushed through in ObamaCare and that unless there is at least a couple hundred billion in cuts to Medicare, then at least that amount would result from a failure to pass some kind of bill from the supercommittee.

Unless there's something like that, the \$500 billion that the Democrats cut from Medicare last year is all anybody is going to basically be talking about in the next election.

But if the supercommittee fails and if the House and Senate don't pass what they've sent, then we've already seen the rhetoric begin: Republicans, they say, are wanting to cut health care; they're wanting to cut Medicare.

So now we see how it's playing out.

□ 2140

Some, apparently, on the Democratic side—not all, but some, apparently the leadership of the Democratic Party—apparently the President—want to see a failure so they can campaign against Republicans saying, No, they didn't want agreement anyway; and look at the cuts to Medicare that they've forced. I don't see any other explanation for the cavalier attitude of the Democratic leadership and not pushing so hard to get an agreement to avoid the massive cuts to Medicare. Even with the massive cuts, it won't be as big a cut as ObamaCare was to Medicare; but it will be enough, apparently, for them to campaign and try to demonize the Republicans.

Apparently tomorrow we're going to vote on a balanced budget amendment. It will either be House Joint Resolution 1 or House Joint Resolution 2.

House Joint Resolution 1 has a cap on spending that we can't go above, a percentage of gross domestic product. It requires a supermajority in order to raise taxes. That's House Joint Resolution 1. That's what passed out of committee after a long and exhausting day of debate and amendments.

But we're bringing to the floor joint House Resolution 2. It just says, You've got to balance the budget. I know there are those who say, Well, that would mean that our decisions start being made by the courts. Well, 49 out of 50 States, as I understand it, have a balanced budget requirement in their constitutions. Their courts don't make those decisions. I don't see why it would be otherwise if it was. Under the Constitution, we've got the power to restrict jurisdiction for everybody but the Supreme Court. We could do that if that's what we chose to do.

We're in a mess, because we're not doing the things we promised we would when we ran and got elected to the majority, the very things the Democrats lost the majority in this House because they didn't fulfill. It's time to get serious about our promises.

Everybody is aware of Francis Scott Key who wrote our wonderful National Anthem. As my time runs out, I want to finish tonight with something else that Francis Scott Key said. On February 22, 1812, he said this:

The patriot who feels himself in the service of God, who acknowledges Him in all his ways, has the promise of Almighty direction, and will find His Word in his greatest darkness, "a lantern to his feet and a lamp unto his paths." He will, therefore, seek to establish for his country, in the eyes of the world, such a character as shall make her not unworthy of the name of a Christian nation.

We've got a lot to do if we're going to live up to our commitments, our oaths. A balanced budget amendment with a spending cap is what we need to do. That's what we passed out of committee in regular order. That's what I would vote for tomorrow. Since that's not coming, then I don't want to push through a balanced budget amendment that requires ever-upward spiraling taxation because, as we've shown this year, without a balanced budget amendment, Congress doesn't have the will to cut spending, not a majority of the House and Senate both.

It's time to live up to the commitments we've made and what we owe our creator, our maker. If we'll do that, we can have another 200 years of greatness as a Nation. If we don't, as Abraham Lincoln said, This Nation will die by suicide. I want it to live and flourish. I want us to keep our commitments.

With that, Mr. Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. NAPOLITANO (at the request of Ms. PELOSI) for today and the balance of the week on account of attending an important event in the district.

Mr. BISHOP of Georgia (at the request of Ms. PELOSI) for today on account of attending the funeral of a family relative.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 2112. An act making consolidated appropriations for the Departments of Agriculture, Commerce, Justice, Transportation, and Housing and Urban Development, and related programs for the fiscal year ending September 30, 2012, and for other purposes.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 1412. An act to designate the facility of the United States Postal Service located at 462 Washington Street, Woburn, Massachusetts, as the "Officer John Maguire Post Office".

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House reports that on November 16, 2011 she presented to the President of the United States, for his approval, the following bill.

H.R. 398. To amend the Immigration and Nationality Act to toll, during active-duty service abroad in the Armed Forces, the periods of time to file a petition and appear for an interview to remove the conditional basis for permanent resident status, and for other purposes.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 44 minutes p.m.), the House adjourned until tomorrow, Friday, November 18, 2011, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for speaker-authorized official travel during the second, third and fourth quarters of 2011, pursuant to Public Law 95-384 are as follows: